

SEP 11 2006

[PTO/SB/81 (04-05)]

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	PCT/CA2004/001421
Filing Date	29 July 2004
First Named Inventor	James B. Jaquith
Title	Neuroprotective Agent
Art Unit	
Examiner Name	
Attorney Docket Number	129-PCT-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

49580

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/99)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Jan 16/06
Name	James B. Jaquith	Telephone	514-245-5532
Firm and Company	Bioscience - Aegera Therapeutics Inc		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or maintain benefits by that law which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is designed to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 11 2006

PTO/SB/81 (04-05)

Approved for use starting 11/13/2005 OMB 0351-0035  
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and  
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Application Number	PCT/CA2004/001821
Filing Date	29 July 2004
First Named Inventor	James B. Jaquith
Title	Neuroprotective Benzodiazepine
Art Unit	
Examiner Name	
Attorney Docket Number	129-PCT-US

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OR

☐ Former Individual Name

Address

City

State

Zip

Country


Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Gerald Vileneuve	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the submission of an application to the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/04-05

App. filed for USA through 10/30/2006 [DW/0851-0035]

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**POWER OF ATTORNEY  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PCT/CA2004/001421
Filing Date	29 July 2004
First Named Inventor	James B. Jaquin
Title	Neuroprotective Benzoxazine
Art Unit	
Examiner Name	
Attorney Docket Number	129-PCT-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number.

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☒ The address associated with Customer Number:

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OR

<input checked="" type="checkbox"/> Principal Individual Name			
Address:			
City	State	Zip	
Country			
Telephone	Email		

I am that:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>James B. Jaquin</i>	Date	19 Jan 06
Name	Patent Bureau	Telephone	514 208 5532
Firm and Company	Senior Research Associate - Aegera Therapeutics Inc		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 43 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a patent by depositing an application (and by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering information, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81(04-05)

Approved for use through 1/30/2005 OMB 0651-0035

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**POWER OF ATTORNEY  
and  
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INDICATION FORM**

Application Number	PCT/CA2004/001423
Filing Date	29 July 2004
First Named Inventor	James B. Jaquith
Title	Neuroprotective Benzodiazepine Oxathiol
Art Unit	
Examiner Name	
Attorney Docket Number	129-PCT-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ The address associated with Customer Number:

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OR

☐ Firm or individual Name

Address

City

State

Zip

Country

Telephone

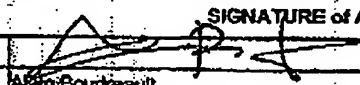
Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	January 18 2006
Name	Adam Boudresault	Telephone	514-288-6532
Title and Company	Head of Biochemistry and Bio-Analysis - Aegera Therapeutics Inc		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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